

# AUTHORIZED UTILITY REPRESENTATIVE FORM

TYPE:   ☐ Water        ☐ Sewer        ☐ Both

## CERTIFICATED COMPANY INFORMATION

Company Name \_\_\_\_\_

Dba/fka \_\_\_\_\_

Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Business Location \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

County \_\_\_\_\_

## REGISTERED AGENT INFORMATION

Registered Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Pursuant to the Commission's rules and regulations, print or type company contact for the following:**

A. General Manager: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

B. Customer Relations/Complaints Representative: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

C. Engineering Operations: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

D. Meter Test and Repairs: \_\_\_\_\_

\_\_\_\_\_  
 Telephone Number / Facsimile Number / E-mail Address

E. Emergencies: \_\_\_\_\_

(During Non-Office Hours)  
 \_\_\_\_\_  
 Telephone Number / Facsimile Number / E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence:**

A. Financial: \_\_\_\_\_

\_\_\_\_\_  
 Telephone Number / Facsimile Number / E-mail Address

B. Customer Contact (Toll Free Number): \_\_\_\_\_

\_\_\_\_\_  
 This form was completed by (print name)

  
 Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
 101 Executive Center Drive, Suite 100  
 Columbia, South Carolina 29210

And

Office of Regulatory Staff  
**Attn: Susan Hauptmann**  
 1401 Main Street, Suite 900  
 Columbia, South Carolina 29201